

## MEMORANDUM

TO: Vermont Mental Health Performance Indicator Project  
Advisory Group and Interested Parties

FROM: John Pandiani  
Lucille Schacht

DATE: April 23, 1999

RE: ANFC and Community Mental Health Caseload Overlap

The attached graph and table provide information on the overlap of CMH and ANFC caseloads in Vermont during 1996. The ANFC caseload includes all people who were in an ANFC family during the year. The CMH caseload includes all people assigned to mental health programs who received services during FY1996.

As you will see, Children's Services programs had the largest representation of ANFC recipients (35%) followed by Adult Outpatient programs (20%), and Substance Abuse programs (15%). CRT programs had relatively few people (5%) living in ANFC families.

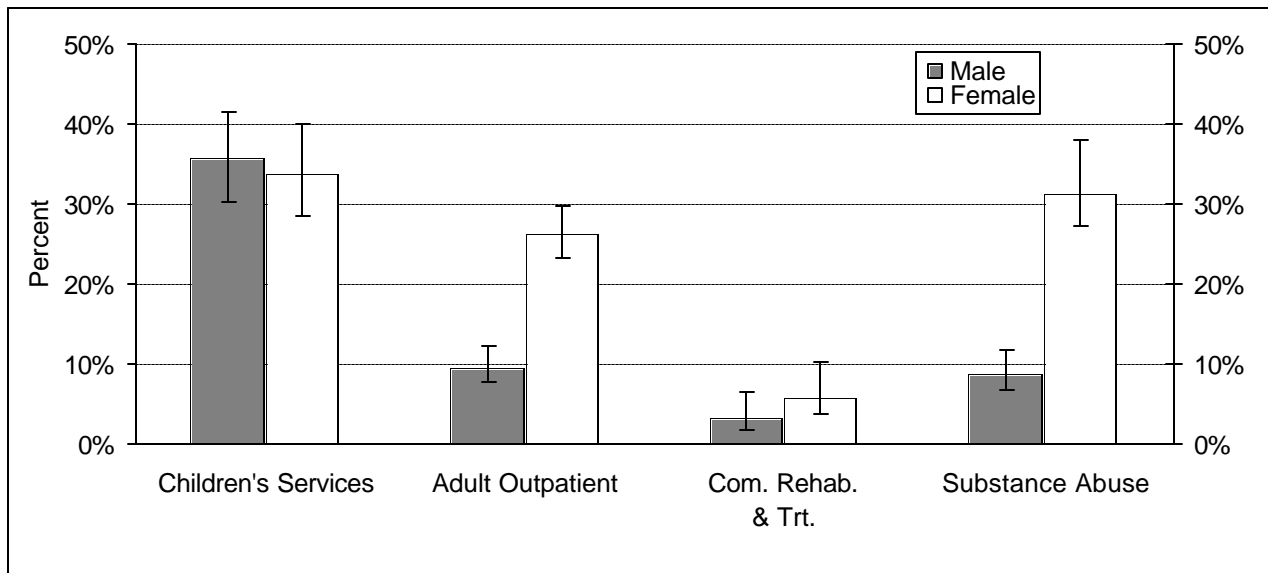
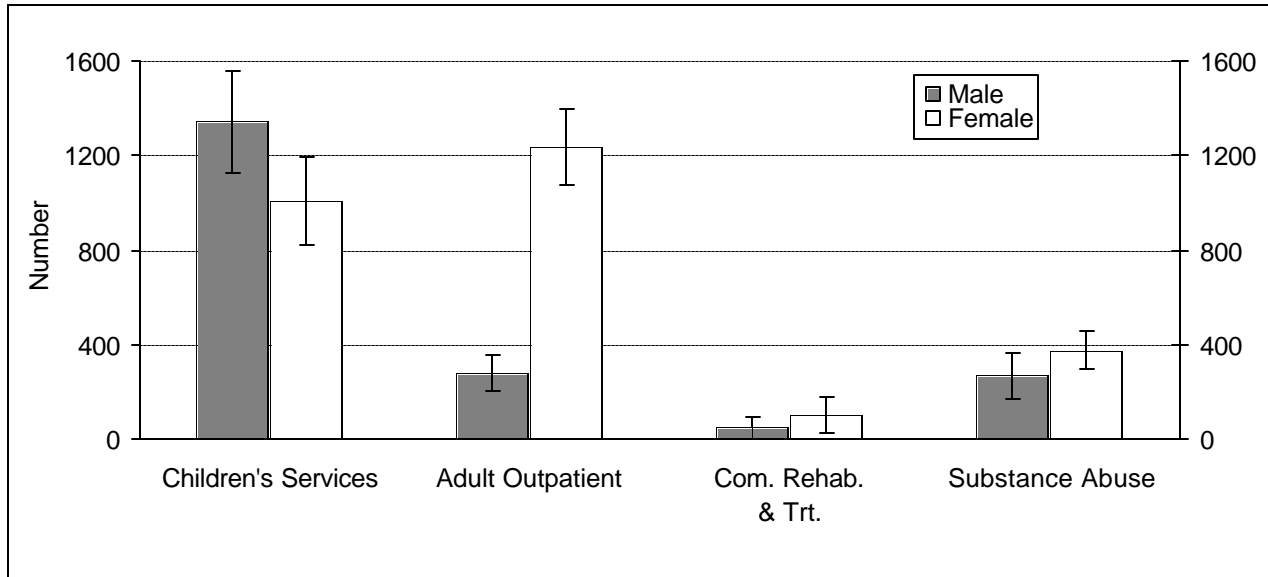
There were substantial gender differences in the representation of ANFC recipients in the Adult Outpatient and Substance Abuse programs. Women in both programs were significantly more likely to be members of ANFC households than men. There were no gender differences in the representation of ANFC recipients in Children's Services or CRT programs, however.

Children and adolescents served by community mental health programs were twice as likely as other young people to be ANFC recipients. Adults served by Adult Outpatient and CRT programs were between four and five times as likely as other adults to be ANFC recipients.

This is our first systematic analysis of caseload overlap between DDMHS and ANFC caseloads. In the future, we plan to extend this analysis to examine patterns of movement between ANFC and community mental health caseloads. As a first step, we plan to compare the accessibility of our regional programs to people in ANFC households and to determine if people who receive community mental health services are more likely to move off the ANFC caseload than people who do not receive community mental health services.

If you have any suggestions for using these data to help us understand the performance of our community mental health programs, we would be happy to hear from you. Please give us a call at (802-241-2638) or e-mail to [jpandiani@ddmhs.state.vt.us](mailto:jpandiani@ddmhs.state.vt.us).

## Caseload Overlap Mental Health Program Clients Receiving ANFC, FY 1996



	Total		Caseload Overlap with ANFC							
	Served	Total			Male			Female		
		N*	%	(95% CI)	N*	%	(95% CI)	N*	%	(95% CI)
Children's Services	6,759	2,352	35%	(31% - 39%)	1,343	36%	(30% - 42%)	1,009	34%	(28% - 40%)
Adult Outpatient	7,626	1,518	20%	(18% - 22%)	279	10%	(8% - 12%)	1,239	26%	(23% - 30%)
Com. Rehab. & Trt	3,176	149	5%	(3% - 8%)	47	3%	(2% - 6%)	102	6%	(4% - 10%)
Substance Abuse	4,299	645	15%	(13% - 18%)	268	9%	(7% - 12%)	377	31%	(27% - 38%)

Information for clients served by mental health programs based on quarterly service reports submitted to the DDMHS by 11 contracted providers. Total MH caseload includes all clients served by adult outpatient, community rehabilitation and treatment, children's services, and substance abuse programs during FY 1996, and is reported according to client's primary program assignment. ANFC caseload based on monthly extracts from DSW database. Estimates of MH caseload and overlap with ANFC are based on Probabilistic Population Estimation.

\* Indicates that the number is an estimate with a known confidence interval. The 95% interval is provided for the overlap percentage.

ANFC rates for the general population are: 15% for children (15% for both boys and girls) and 4% for adults (2% for men and 5% for women).

### Vermont MHSIP